

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

LOCAL GOVERNMENT or SCHOOL SYSTEM NAME _____

Address _____

LOCAL OPTION

SPECIAL PURPOSE

HOMESTEAD

EDUCATION

(circle only one local sales tax type)

Depository Name _____

ABA/Transit Routing Number _____

Account Number _____

(include a voided copy of check)

Investment Pool Fund Number _____

(if applicable)

The undersigned authorizes the State of Georgia, Department of Revenue, to direct transfer to the above listed account and to make correcting entries if needed. I certify that I am authorized to receive the county/city/school system tax distributions identified above, and that I have read and understood the instructions and procedures. We also hereby acknowledge that we are solely responsible for notifying the Department of Revenue in writing of any changes in banks or accounts.

Signature of authorized official

Printed Name and Title

Date

Signature of authorized official

Printed Name and Title

Date

PLEASE READ CAREFULLY

INSTRUCTIONS FOR COMPLETING THIS FORM

The Georgia Department of Revenue requires that this form be fully completed in order to remit your County, City, or School System sales tax distribution by ACH Credit directly into your local bank account or State Treasury Investment Pool account. Each local jurisdiction desiring to participate in this program must complete a separate application form for each type of local sales tax (LOST, SPLOST, ELOST, HOST).

If you do not have a State Treasury Investment Pool Account and would like to participate in this program, please contact the Office of Treasury and Fiscal Services at 800-222-6748 or 404-656-2168. You can read more information on the Investment Pool and Georgia Fund 1 at the Office of Treasury and Fiscal Services website at http://otfs.georgia.gov/00/channel_modifieddate/0,2096,15439339_17048023,00.html.

CANCELLATION OR MODIFICATION:

The agreement represented by this authorization may be cancelled or modified by the County, City or School system by submitting written notification to the Department of Revenue no later than forty-five (45) days prior to the effective date of such cancellation or change. Submit the cancellation or modification to:
Georgia Department of Revenue, Local Government Services Division, Attn: Sales Tax Distributions, 4245 International Parkway Suite A, Hapeville, Georgia 30354.

If you have any questions, please call 404-675-1547.